

NGL CRUDE LOGISTICS LLC ("NGLCL")

865 North Albion St., Suite 500, Denver, CO 80220
Fuels Marketing: (713) 496-3900 RPMSupportServices@NGLEP.com
Credit Department: (800) 925-3387 Credit@NGLEP.com

CREDIT APPLICATION

Requested Credit Limit:	(If \$250,000 or be	low, no financial statements ar	e required.)		
Customer Name:		FEIN or SS#:			
Name Under Which Business Is Operat	ted:				
Address:	City:		_ State:	_ Zip:	
Telephone No.:	Fax No	.:			
Credit Contact Name & Email:					
Tax Contact Name & Email:					
A/P Contact Name & Email:					
Price Delivery Method: (DTN TID#, ema	il address, or fax #)				
Organization: Corporation Ge	n. Partnership	☐ LLC ☐ Individual	Other:		
State of Incorporation or Organization:	Year:	Year Present Ow	nership Commence	d:	
Owners/Stockholders/Partners:					
Officers:					
Associated or Affiliated Entities:					
The undersigned warrants that all information provided that NGLCL and their associated and affiliated entities been no material change in the financial position of the evaluating the applicant's creditworthiness. The represe will immediately notify NGLCL, in writing via overnight Appropriate NGLCL or NGLCL Subsidiary General T	(hereinafter collectively "NGLCL") intend to rely upon applicant since the date of said financial statements entations herein and provided herewith are acknowle courier, in the event there are any material change.	on the same in determining whether or n s and that there has been no omission of edged as being continuing and ongoing ar es. In the event credit is established, th	not to extend credit to applice material facts or information and the undersigned warrants be undersigned accepts and	ant, warrants that there has n that would be significant in and covenants that he/they agrees to be bound by the	
Authorized Signature	Title		Date		
Print or Type Name					
* FUNDS TRANSFER AUTHORIZATION below, for the payment/refund of any amounts to which below to debit/credit such entries to the Customer('s) Notice of termination shall in no way affect debit/credit	n NGLCL becomes entitled pursuant to any contract account. This authority shall remain in effect until t	ts between NGLCL and Customer and do terminated upon (15) days written notice	oes further authorize the dep e via overnight courier by ei	oository institution named ither Customer or NGLCL.	
Name on Bank Account	Bank Name	City	State	Zip	
Routing and Transit Number	Account Number	Bank Contact		Telephone	
DTN TID#:					
<u>PLEA.</u>	SE ATTACH A VOIDED CHECK OR BANK	CONFIRMATION LETTER (REQU	<u>IIRED)</u>		
Authorized Signature (Required)	Title		Date		
Print or Type Name	· <u> </u>				